10664639

Application or Docket Number

15/5000-100

## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                    |                               |                              |                   |            | SMALL ENTITY TYPE C |                        |       | OTHER THAN          |                        |  |
|--|--|---|--------------------|-------------------------------|------------------------------|-------------------|------------|---------------------|------------------------|-------|---------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | 82                 |                               |                              | : 22.00<br>22.000 | ſ          | RATE                | FEE                    |       | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED       |                               | NUMBER EXTRA                 |                   |            | BASIC FEE           | 375.00                 | OR    | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | €2 minus 20=       |                               | . 62                         |                   |            | X\$ 9=              |                        | OR    | X\$18=              | 1116                   |  |
| INDEPENDENT CLAIMS   |  |   | 12 minus 3 =       |                               | · ay                         |                   |            | X42=                |                        | OR    | X84=                | 756                    |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PE                             | RESENT             |                               |                              |                   |            | +140=               |                        | OR    | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                    |                               |                              |                   | TOTAL      |                     | OR                     | TOTAL | 2/022               |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                    |                               |                              |                   |            | SMALL E             | NTITY                  | OR    | OTHER<br>SMALL      |                        |  |
| <b>AMENDMENT A</b>   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA  |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | * 82                                      | Minus              | ** 8                          | 2                            | -                 |            | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|  | Independent                                    | * (2                                      | Minus              | ENDEND                        | CLAIM                        |                   |            | X42=                |                        | OR    | X84=                |                        |  |
|  | THOTPHEOL                                      | INTERIOR OF INI.                          | DETIT CE DET       | CNDCIV                        | OBAIN                        |                   |            | +140=               |                        | OR    | +280=               |                        |  |
| ~  | 11   |   |                    |                               |                              |                   | ,          | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE |                        |  |
| <u>5</u>   | 25/06  | (Column 1)                                | or a communication | (Colui                        |                              | (Column 3)        | <u> </u>   |                     |                        |       |                     |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA  |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | * 109                                     | Minus              | # 8                           | 55                           | =                 | <b>↓</b>   | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|  | Independent                                    | * 12                                      | Minus              | *** /                         | 2                            | <u> -</u>         | <b>↓</b> [ | X42=                |                        | OR    | X84=                |                        |  |
| L  | PINST PHESE                                    | NTATION OF MI                             | JETIPLE DEP        | ENDEN                         | CLAIM                        |                   | ا ل        | +140=               |                        | OR    | +280=               |                        |  |
|  |  |   |                    |                               |                              |                   |            | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                    |                               |                              |                   |            |                     |                        |       |                     |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus              | ##                            |                              | =                 |            | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus              | SENDEN                        | T.C.I AIM                    | <u> -</u>         | ┨╏         | X42=                |                        | OR    | X84=                |                        |  |
| <b>_</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                               |                              |                   |            |                     |                        | OR    | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE                             |  |   |                    |                               |                              |                   |            |                     |                        | OR    | TOTAL<br>ADDIT. FEE |                        |  |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                    |                               |                              |                   |            |                     |                        |       |                     |                        |  |